Integrated System News Bulletin

**PROCEDURES FOR BILLING MEDI-CAL PRIOR TO RECEIVING THE PIN***

Attention: **SD/Medi-Cal Providers**

STOP – Impact to You

DMH program staff, CIOB and Revenue Management staff frequently receive questions from providers regarding delays in billing Medi-Cal claims in the IS because they have not received their PIN (provider identification number). Very often providers do not enter services nor do they submit claims because they have not received their PIN.

CAUTION – What You Need to Know

Holding data (no services are present in the IS) because the PIN has not been received may lead to unnecessary problems such as cash flow issues to contractors, data entry backlogs, and denied claims because claims have aged beyond the claiming statute.
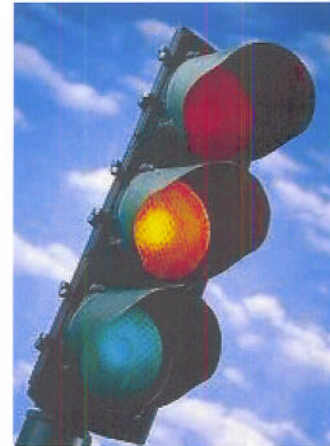
GO – What You Need to Do

All services should be entered into the IS upon notification from CIOB Revenue Systems Technology Unit that the provider has been added in the system and all forms (i.e. rendering provider, application access, authorization to sign, etc.) have been received and added in the IS.

Services in which the client is a Medi-Cal beneficiary and the claim will subsequently be billed to Medi-Cal should be entered and saved rather than submitted. Claims that *do not* include Medi-Cal as a payer should be submitted.

Before claims that include Medi-Cal as the payer can be submitted, the CIOB staff must enter the effective date of Medi-Cal certification in the appropriate field in the IS. This date cannot be entered until Program Review certifies the provider (if contractor) or the State certifies the provider (if directly-operated) AND Program Review verifies the certification date has been added to the State's Online Provider System (OPS)

Effective immediately CIOB Revenue Systems Technology staff will begin notifying the DMH service area staff responsible for the provider when the Medi-Cal effective date

has been entered in the IS. The DMH service area staff will then notify the provider director that staff should begin submitting Medi-Cal claims.

Below are instructions for submitting claims to Medi-Cal without a valid PIN:

1. Verify Medi-Cal eligibility via Medi-Cal Eligibility Data System (MEDS) if you already have the MEDS access. The MEDS logon instruction is attached to your MEDS logon ID at the time it was mailed to you. If you do not have the MEDS access, you need to submit an Application Access form, check the boxes for MEDS and Original Oath Attached with MEDS Request. The blank and sample forms are available on the IS website. To download, please click on the appropriate links provided below:
   http://dmh.lacounty.gov/hipaa/do_ISForms.htm (Directly Operated Clinics)
   http://dmh.lacounty.gov/hipaa/cp_ISForms.htm (Contract Providers)

2. Run the MEDS Online POS Inquiry (MOPI) for the month of service that you are billing.

3. Print the MOPI screen which shows the Eligibility Validation Confirmation (EVC) number. This is your proof of Medi-Cal eligibility. For audit purposes, you should keep the print-out as part of your record.

4. Enter your service on the Integrated System (IS). When you get to the Claim screen, check the Medi-Cal box and enter the number "**9**" in the EVC field and choose the appropriate DMH plan that should go on the outbound claim. This process forces your claim to go to Medi-Cal.

Answers to most questions regarding claiming in the IS can be found on the IS Website at: http://dmh.lacounty.gov/hipaa/index.html. If you cannot find your answers there, please call the Help Desk at (213) 351-1335.

*These procedures are directed to Direct Data Entry providers not EDI providers.